

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



November 18, 1986

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 86-66

SUBJECT: PRESUMPTIVE DISABILITY, REVISED FORMS DHS 7035 (11/86)

The purpose of this letter is to provide you with clarification of presumptive disability criteria, and a copy of the latest revision of disability form DHS 7035 (Medical Verification - AIDS). A copy of this form is attached. The reasons for the revisions are discussed below.

Presumptive Disability

Recently several problems with presumptive disability cases have come to our attention through quality control (QC) errors and state hearings. These problems need to be corrected in order to avoid QC errors and the possibility of sanctions. Therefore, the following problems must be corrected as quickly as possible:

1. Failure to request a Disability Evaluation Division (DED) evaluation after presumptive disability has been established - Presumptive disability can only be established if followed by a DED evaluation as required by Title 22, California Administrative Code (CAC) Section 50167. Eligibility workers must be advised that any presumptive disability case which is not followed by a DED evaluation will be cited as an error. This problem was identified through QC errors.
2. Incorrect presumptive disability impairments - Review of state hearing decisions and QC errors have shown that some eligibility workers grant presumptive disability to individuals who do not have any of the impairments recognized as presumptively disabling in Title 22, CAC, Section 50167. The most common conditions where this situation has occurred are:
 - a. spinal impairments needing immediate treatment
 - b. severe mental impairments
 - c. severe heart conditions

These impairments are not considered to be presumptively disabling. Only those specific conditions shown in Section 50167(a)(1)(C) may be used to grant presumptive disability. Any other impairment must be evaluated by DED before eligibility can be established. The need for immediate medical care is not a factor in determining presumptive disability.

DHS 7035: Medical Verification - AIDS

Due to the medical community's rapid advancement of knowledge about Acquired Immune Deficiency Syndrome (AIDS) several new tests have been determined effective in diagnosing that ailment. This new data has also contributed to the expansion of the list of secondary opportunistic infections and conditions recognized by the Social Security Administration (SSA) as disabling. As a result, the Medi-Cal presumptive disability criteria for AIDS patients has been expanded. Form DHS 7035 has been revised to incorporate the tests now in use. Please note that item II.D. should rarely be used. HTLV III/LAV (AIDS virus) cultures are currently performed only by the Center for Disease Control in Atlanta. Other establishments do not, at this time, have the appropriate facilities to culture the virus. If a significant number of culture tests are noted on the DHS 7035 (11/86), please contact this office.

Due to the rapid advancement of medical knowledge of AIDS, new or more accurate testing methods are continuously being developed. Should a physician or hospital use a type of test not shown on this form, the test type must be cleared through the DHS Eligibility Branch prior to the county establishing presumptive disability. New testing methods which are approved will be incorporated into the next revision of the DHS 7035.

Alterations, deletions, substitutions or additions (except test results as approved by DHS) to the criteria shown on the form are not acceptable for presumptive disability. Applicants must meet the exact criteria shown or disability cannot be established until after the DED has completed an evaluation. Please note that AIDS Related Complex (ARC) is not considered presumptively disabling.

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If you have any further questions, please contact Toni Bailey at
(916) 324-4953.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: May 18, 1987

MEDICAL VERIFICATION—AIDS

Patient's Name: _____ SSN: _____

- I. I have examined the above named patient and diagnosed his/her condition as Acquired Immune Deficiency Syndrome (AIDS).

Yes ☐No ☐

- II. This diagnosis has been confirmed by clinical findings and reliable, currently accepted tests.

Yes ☐No ☐

- A. Skin Testing — Anergic

Yes ☐No ☐

- C. HIV Antibody Present

Yes ☐No ☐

- B. T-Cell Ratio Abnormal

Yes ☐No ☐

- D. HTLV III/LAV Culture

Positive ☐ Negative ☐

- E. Lymphocyte subpopulation study shows immune system deficiency:

Yes ☐No ☐

- III. In addition, the above-named patient suffers from the following condition:

- A. Protozoal and Helminthic Infections:

☐ 1. Cryptosporidiosis, intestinal, causing diarrhea for over one month

☐ 2. Pneumocystis carinii pneumonia (on histology, or microscopy of a "touch" preparation, bronchial washings, or sputum);

☐ 3. Strongyloidosis, causing a) ☐ pneumonia, b) ☐ central nervous system infection, c) ☐ disseminated infection (beyond the gastrointestinal tract)

☐ 4. Toxoplasmosis, causing infection in internal organs other than liver, spleen, or lymph nodes.

- B. Fungal Infections:

☐ 1. Candidiasis, causing esophagitis

☐ 2. Cryptococcosis, causing a) ☐ central nervous system infection, or b) ☐ disseminated infection

- C. Bacterial Infections:

☐ 1. Mycobacterium avium intracellulare, other mycobacterial species other than bovis, tuberculosis, or lepra, causing disseminated infection (on culture).

- D. Viral Infections:

☐ 1. Cytomegalovirus, causing infection in internal organs other than liver, spleen, or lymph nodes (on histology);

☐ 2. Herpes simplex virus, causing a) ☐ chronic mucocutaneous infection with ulcers persisting more than one month, or b) ☐ pulmonary, gastrointestinal tract, or disseminated infection (but not encephalitis alone) on culture, histology, or cytology.

☐ 3. Progressive multifocal leukoencephalopathy

- E. Cancer:

☐ 1. Kaposi's sarcoma.

☐ 2. Lymphoma limited to the brain (on histology).

- F. ☐ 1. Disseminated histoplasmosis (not confined to lungs or lymph nodes) diagnosed by culture, histology, or antigen detection;

☐ 2. Isosporiasis, causing chronic diarrhea (over one month), diagnosed by histology or stool microscopy;

☐ 3. Bronchial or pulmonary candidiasis, diagnosed by microscopy or by presence of characteristic white plaques grossly on the bronchial mucosa (not by culture alone);

☐ 4. Non-Hodgkin's lymphoma of high-grade pathologic type (diffuse, undifferentiated) and of B-cell or unknown immunologic phenotype, diagnosed by biopsy;

- G. ☐ A histologically confirmed diagnosis of chronic lymphoid interstitial pneumonitis in a child (under 13 years of age).

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Physician's Signature_____
Date

This information is confidential and will not be released without the written consent of the patient.